

**CITY OF HOLLISTER**  
Direct Deposit Sign - Up / Authorization Form

Employee Number \_\_\_\_\_  
Department \_\_\_\_\_  
Employee Name \_\_\_\_\_

☐ Begin Direct Dep.      ☐ Change Information      ☐ Cancel Direct Dep.

**Deposit will be made to the following accounts:** If checking account please attach a check with "VOID" written on it for each account. If savings account please attach a deposit slip with "VOID" written on it for each account. Either split \$ or %, not both.

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Bank 1 (Primary): Net amount of check deposited to this single account or the remaining balance after following split.

Name of Bank \_\_\_\_\_  
Bank Routing / ASA # \_\_\_\_\_  
Account # \_\_\_\_\_  
☐ Checking      ☐ Savings

\*\*\*\*\*

Bank 2: Fixed Amount to be withheld \_\_\_\_\_ or overall % \_\_\_\_\_

Name of Bank \_\_\_\_\_  
Bank Routing / ASA # \_\_\_\_\_  
Account # \_\_\_\_\_  
☐ Checking      ☐ Savings

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Bank 3: Fixed Amount to be withheld \_\_\_\_\_ or overall % \_\_\_\_\_

Name of Bank \_\_\_\_\_  
Bank Routing / ASA # \_\_\_\_\_  
Account # \_\_\_\_\_  
☐ Checking      ☐ Savings

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Bank 4: Fixed Amount to be withheld \_\_\_\_\_ or overall % \_\_\_\_\_

Name of Bank \_\_\_\_\_  
Bank Routing / ASA # \_\_\_\_\_  
Account # \_\_\_\_\_  
☐ Checking      ☐ Savings

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Bank 5: Fixed Amount to be withheld \_\_\_\_\_ or overall % \_\_\_\_\_

Name of Bank \_\_\_\_\_  
Bank Routing / ASA # \_\_\_\_\_  
Account # \_\_\_\_\_  
☐ Checking      ☐ Savings

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**AUTHORIZATION**

*I authorize the City of Hollister to initiate deposits (and/or corrections to previous deposits) to my bank account(s) as indicated on this authorization. This authorization will remain in effect until I give written notice to the Finance Department or upon termination of my employment of with the City of Hollister. Written notice of changes shall not be effective until one full pay period following receipt of the requested change form in the Finance Department.*

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_